

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**01/31/2013**  
Document Number:  
**400376859**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 47120 Contact Person: Emily Carrender  
Company Name: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6282  
Address: P O BOX 173779 Fax: (720) 929-7262  
City: DENVER State: CO Zip: 80217-3779 Email: emily.carrender@anadarko.com

API #: 05 - 123 - 35771 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: THOMASON 27N-E9HZ  
Sec: 9 Twp: 2N Range: 65W QtrQtr: SESE Lat: 40.146790 Long: -104.660771

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 02/06/2013 Time: 08:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Emily Carrender Email: emily.carrender@anadarko.com  
Signature: \_\_\_\_\_ Title: Regulatory Specialist I Date: 01/31/2013